

LOWER BUCKS COUNTY JOINT MUNICIPAL AUTHORITY
INDUSTRIAL PRETREATMENT PROGRAM

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION A-GENERAL INFORMATION

- A.1. Company Name: _____
Company Mailing Address:
Street: _____ Borough/Township: _____
Zip Code: _____ Telephone: _____
- A.2. Company Premise Address:
Street: _____ Borough/Township: _____
Zip Code: _____ Telephone: _____
- A.3. Designated Signatory Authority of the facility:
Name: _____ Telephone: _____
Title: _____
- A.4. Designated Facility Contact:
Name: _____ Telephone: _____
Title: _____
- A.5. Designated Facility Contact in Case of Emergency:
Name: _____ Day Telephone: _____
Title: _____ Night Telephone: _____

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified on 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this application will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of those individuals directly responsible for obtaining the information reported herein, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

Print Name: _____

Title: _____

Signature: _____

Date: _____

SECTION B- OPERATION DESCRIPTION

B.1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the appropriate category (check all that apply).

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Builder's Paper & Board Mills
- Can Making
- Carbon Black Manufacturing
- Cement Manufacturing
- Coal Mining
- Coil Coating
- Copper Forming
- Dairy Products Processing
- Electrical & Electronic Components
- Electroplating
- Explosives Manufacturing
- Feedlots
- Ferroalloy Manufacturing
- Fertilizer Manufacturing
- Food Establishment
- Fruits & Vegetables Processing
- Glass Manufacturing
- Grain Mills
- Gum & Wood Chemicals
- Hospitals
- Ink Formulating
- Inorganic Chemicals
- Iron & Steel Manufacturing
- Leather Tanning & Finishing
- Meat Products
- Metal Finishing
- Metal Molding & Casting (Foundries)
- Mineral Mining & Processing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Oil & Gas Extraction
- Ore Mining and Dressing
- Organic Chemicals Manufacturing
- Paint Formulating
- Paving and Roofing Materials
- Pesticide Chemicals
- Petroleum Refining
- Pharmaceutical Manufacturing
- Phosphate Manufacturing
- Photographic Processing
- Plastic & Synthetic Materials Manufacturing
- Plastics Molding & Forming
- Porcelain Enamel
- Pulp, Paper and Paperboard
- Rubber Manufacturing
- Seafood Processing

- ___ Soap & Detergent Manufacturing
- ___ Steam Electric Power Generating
- ___ Sugar Processing
- ___ Textile Mills
- ___ Timber Products Processing

B.2. Principal Products or Services: _____

B.3. Standard Industrial Classification Code(s) for your facility (4-digit SIC):

B.4. Brief Description of Manufacturing, Production, or Service Activities on Premises: _____

B.5. List Types and Amounts of Raw Materials Used or Stored On-site (attach list if needed):

<u>Raw Material</u>	<u>Quantity/Day</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B.6. List types and amounts of chemicals used or stored on-site (attach list if needed):

<u>Chemical</u>	<u>Quantity/Day</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B.7. List product(s) and quantities generated during the past calendar year and the estimated quantity to be produced this calendar year:

<u>Product (Brand Name/Common Name)</u>	Past Calendar Year (daily units)		Present Calendar Year (daily units)	
	<u>Avg.</u>	<u>Max.</u>	<u>Avg.</u>	<u>Max.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B.8. Type of operation: _____ Batch _____ continuous _____ Both
 _____ % batch _____ % continuous

B.9. Hours of Operation: _____ A.M. _____ P.M. _____ continuous

B.10. Is production/operation seasonal? _____ Yes _____ No
 If yes, explain, indicating time(s) peak production/operation, low production/operation and scheduled shutdowns:

B.11. Are any process changes/expansions planned during the next three (3) years? _____ Yes _____ No
 If yes, attach a separate sheet to this form describing the nature of planned changes/expansions, including anticipated additional wastewater discharge in gallons per year.

B.12. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____

Shift start times: 1st _____ 2nd _____ 3rd _____

Shift normally worked each day (check appropriate shifts):

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
1 st	_____	_____	_____	_____	_____	_____	_____
2 nd	_____	_____	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____	_____	_____

SECTION C- WATER SUPPLY

C.1. List raw water sources: (e.g. well water, surface water, purchased water, etc.)

<u>Source</u>	<u>Annual Quantity</u>	
_____	_____	gallons
_____	_____	gallons
_____	_____	gallons
_____	_____	gallons
_____	_____	gallons
total	_____	gallons

C.2. Name and address on water bill: _____

C.3. Water service account number: _____

C.4. Describe any raw water treatment processes in use:

SECTION D- WATER USE AND DISPOSAL

D.1. List water uses:

<u>Use</u>	<u>Annual Quantity</u>	
Sanitary system	_____	gallons
Contained in product	_____	gallons
Contact cooling water	_____	gallons
Non-contact cooling water	_____	gallons
Boiler feed	_____	gallons
Process water	_____	gallons
Equipment/facility wash-down	_____	gallons
Other (specify)	_____	gallons
TOTAL	_____	gallons

D.2. List volume of discharge or water loss to the following:

<u>Discharge</u>	<u>Annual Quantity</u>	
Sanitary sewer	_____	gallons
Stream discharge (NPDES permit)	_____	gallons
Contained in product	_____	gallons
Evaporation	_____	gallons
Storm sewer	_____	gallons
Waste hauler	_____	gallons
Other (specify)	_____	gallons
TOTAL	_____	gallons

D.3. Characterize wastewater discharged to the public sewer:

<u>Type of Waste</u>	<u>Annual Quantity</u>	
Sanitary wastewater	_____	gallons
Process wastewater	_____	gallons
TOTAL	_____	gallons

SECTION E- WASTEWATER CHARACTERISTICS

E.1. List process wastewater streams in terms of source and quantity:

<u>Source</u>	<u>Annual Quantity</u>	
_____	_____	gallons
_____	_____	gallons
_____	_____	gallons
_____	_____	gallons
_____	_____	gallons

E.2. List plant sewer connections (attach map and indicate connections and direction of flow):

<u>Location</u>	<u>Size</u>	<u>Source Process/Sanitary</u>	<u>Discharge Quantity Gallons per year</u>	<u>Discharge Intermittent/Steady</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If intermittent, describe schedule as fully as possible including average daily flow rates, peak rates, time and duration of discharge, etc.: _____

E.3. All current Industrial Users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the table provided in this section to report the analytical results. For all other unregulated pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known to be absent (A), by placing the appropriate letter in the column for the reported concentration. Also indicate the analytical method used (which should conform to 40CFR Part 136), sample location, and type of sample collected for analysis 24- hour composite (24HC), 8-hour composite (8HC) or grab sample (G). DO NOT LEAVE BLANKS.

E.4. If unable to identify the chemical constituents of the products used at this facility that are discharged into the wastestream, please attach copies of the Material Safety Data Sheets (MSDS) for such products.

CHARACTERISTICS OF DISCHARGE

<u>POLLUTANT</u>	<u>CONC. mg/L</u>	<u>ANALYTICAL METHOD</u>	<u>SAMPLE LOCATION</u>	<u>SAMPLE TYPE</u>
Acidity	_____	_____	_____	_____
Alkalinity	_____	_____	_____	_____
BOD	_____	_____	_____	_____
COD	_____	_____	_____	_____
Chloride	_____	_____	_____	_____
Chlorine	_____	_____	_____	_____
Cyanide	_____	_____	_____	_____
Fluoride	_____	_____	_____	_____
Hardness	_____	_____	_____	_____
Magnesium	_____	_____	_____	_____
Ammonia Nitrogen	_____	_____	_____	_____
Nitrate Nitrogen	_____	_____	_____	_____
Nitrite Nitrogen	_____	_____	_____	_____
Total Kjeldahl Nitrogen	_____	_____	_____	_____
Oil & Grease	_____	_____	_____	_____
pH	_____	_____	_____	_____
Phosphorous	_____	_____	_____	_____
Sodium	_____	_____	_____	_____
Total Suspended Solids	_____	_____	_____	_____
Sulfate	_____	_____	_____	_____
Sulfide	_____	_____	_____	_____
Sulfite	_____	_____	_____	_____
Antimony	_____	_____	_____	_____
Arsenic	_____	_____	_____	_____
Barium	_____	_____	_____	_____
Beryllium	_____	_____	_____	_____
Cadmium	_____	_____	_____	_____
Chromium	_____	_____	_____	_____
Copper	_____	_____	_____	_____
Lead	_____	_____	_____	_____
Mercury	_____	_____	_____	_____
Nickel	_____	_____	_____	_____
Selenium	_____	_____	_____	_____
Silver	_____	_____	_____	_____
Thallium	_____	_____	_____	_____
Zinc	_____	_____	_____	_____
Acenaphthene	_____	_____	_____	_____
Acrolein	_____	_____	_____	_____
Acrylonitrile	_____	_____	_____	_____
Benzene	_____	_____	_____	_____
Benzidene	_____	_____	_____	_____
Carbon Tetrachloride	_____	_____	_____	_____
Chlorobenzene	_____	_____	_____	_____
1,2,4-Trichlorobenzene	_____	_____	_____	_____
Hexachlorobenzene	_____	_____	_____	_____
1,2-Dichloroethane	_____	_____	_____	_____
1,1,1-Trichloroethane	_____	_____	_____	_____

<u>POLLUTANT</u>	<u>CONC. mg/L</u>	<u>ANALYTICAL METHOD</u>	<u>SAMPLE LOCATION</u>	<u>SAMPLE TYPE</u>
Hexachloroethane	_____	_____	_____	_____
1,1-Dichloroethane	_____	_____	_____	_____
1,1,2-Trichloroethane	_____	_____	_____	_____
1,1,2,2_Tetrachloroethane	_____	_____	_____	_____
Chloroethane	_____	_____	_____	_____
Bis (2-chloroethyl) ether	_____	_____	_____	_____
Bis (chloro methyl) ether	_____	_____	_____	_____
2-Chloroethyl vinyl ether	_____	_____	_____	_____
2-Chloronaphthalene	_____	_____	_____	_____
2,4,6-Trichlorophenol	_____	_____	_____	_____
p-Chloro-m-cresol	_____	_____	_____	_____
Chloroform	_____	_____	_____	_____
2-Chlorophenol	_____	_____	_____	_____
1,2-Dichlorobenzene	_____	_____	_____	_____
1,3-Dichlorobenzene	_____	_____	_____	_____
1,4-Dichlorobenzene	_____	_____	_____	_____
3,3-Dichlorobenzidene	_____	_____	_____	_____
1,1-Dichloroethylene	_____	_____	_____	_____
1,2-Trans-dichloroethylene	_____	_____	_____	_____
2,4-Dichlorophenol	_____	_____	_____	_____
1,2-Dichloropropane	_____	_____	_____	_____
1,2-Dichloropropylene	_____	_____	_____	_____
1,3-Dichloropropylene	_____	_____	_____	_____
2,4-Dimethylphenol	_____	_____	_____	_____
2,4-Dinitrotoluene	_____	_____	_____	_____
2,6-Dinitrotoluene	_____	_____	_____	_____
1,2-Diphenylhydrazine	_____	_____	_____	_____
Ethylbenzene	_____	_____	_____	_____
Fluoranthene	_____	_____	_____	_____
4-Chlorophenyl phenyl ether	_____	_____	_____	_____
4-Bromophenyl phenyl ether	_____	_____	_____	_____
Bis (2-chloroisopropyl) ether	_____	_____	_____	_____
Bis (2-chloroethoxy) methane	_____	_____	_____	_____
Methylene chloride	_____	_____	_____	_____
Methyl chloride	_____	_____	_____	_____
Methyl bromide	_____	_____	_____	_____
Bromoform	_____	_____	_____	_____
Dichlorobromomethane	_____	_____	_____	_____
Chlorodibromomethane	_____	_____	_____	_____
Hexachlorobutadiene	_____	_____	_____	_____
Hexachlorocyclopentadiene	_____	_____	_____	_____
Isophorone	_____	_____	_____	_____
Naphthalene	_____	_____	_____	_____
Nitrobenzene	_____	_____	_____	_____
2-Nitrophenol	_____	_____	_____	_____
4-Nitrophenol	_____	_____	_____	_____
2,4-Dinitrophenol	_____	_____	_____	_____
4,6-Dinitro-o-cresol	_____	_____	_____	_____
N-nitrosodimethylamine	_____	_____	_____	_____
N-nitrosodiphenylamine	_____	_____	_____	_____
N-nitrosodi-n-propylamine	_____	_____	_____	_____

<u>POLLUTANT</u>	<u>CONC.mg/L</u>	<u>ANALYTICAL METHOD</u>	<u>SAMPLE LOCATION</u>	<u>SAMPLE TYPE</u>
Pentachlorophenol	_____	_____	_____	_____
Phenol	_____	_____	_____	_____
Bis (2-ethylexyl) phthalate	_____	_____	_____	_____
Butyl benzyl phthalate	_____	_____	_____	_____
Di-n-butyl phthalate	_____	_____	_____	_____
Di-n-octyl phthalate	_____	_____	_____	_____
Diethyl phthalate	_____	_____	_____	_____
Dimethyl phthalate	_____	_____	_____	_____
Benzo (a) anthracene	_____	_____	_____	_____
Benzo (a) pyrene	_____	_____	_____	_____
Benzo (b) fluoranthene	_____	_____	_____	_____
Benzo (k) fluoranthene	_____	_____	_____	_____
Chrysene	_____	_____	_____	_____
Acenaphthylene	_____	_____	_____	_____
Anthracene	_____	_____	_____	_____
Benzo (ghi) perylene	_____	_____	_____	_____
Fluorene	_____	_____	_____	_____
Phenanthrene	_____	_____	_____	_____
Dibenzo (a,h) anthracene	_____	_____	_____	_____
Indeno (1,2,3-cd) pyrene	_____	_____	_____	_____
Pyrene	_____	_____	_____	_____
Tetrachloroethylene	_____	_____	_____	_____
Toluene	_____	_____	_____	_____
Trichloroethylene	_____	_____	_____	_____
Vinyl Chloride	_____	_____	_____	_____
Aldrin	_____	_____	_____	_____
Dieldrin	_____	_____	_____	_____
Chlordane	_____	_____	_____	_____
4,4' -DDT	_____	_____	_____	_____
4,4''-DDE	_____	_____	_____	_____
4,4''-DDD	_____	_____	_____	_____
Alpha-endosulfan	_____	_____	_____	_____
Beta-endosulfan	_____	_____	_____	_____
Endosulfan sulfate	_____	_____	_____	_____
Endrin	_____	_____	_____	_____
Endrin aldehyde	_____	_____	_____	_____
Heptachlor	_____	_____	_____	_____
Heptachlor epoxide	_____	_____	_____	_____
Alpha-BHC	_____	_____	_____	_____
Beta-BHC	_____	_____	_____	_____
Gamma-BHC	_____	_____	_____	_____
Delta-BHC	_____	_____	_____	_____
PCB-1242	_____	_____	_____	_____
PCB-1254	_____	_____	_____	_____
PCB-1221	_____	_____	_____	_____
PCB-1232	_____	_____	_____	_____
PCB-1248	_____	_____	_____	_____
PCB-1260	_____	_____	_____	_____
PCB-1016	_____	_____	_____	_____
Toxaphene	_____	_____	_____	_____
TEDD	_____	_____	_____	_____

SECTION F- PRETREATMENT

F.1. Pretreatment devices/processes used for treating wastewater or sludge (check as many as appropriate):

- Air Flotation
- Biological Treatment, Type _____
- Centrifuge
- Chemical Precipitation/Coagulation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation, Type _____
- Grease Trap/Interceptor
- Grinding
- Grit Removal
- Holding Tank
- Ion Exchange
- Neutralization/pH Adjustment
- Ozonation
- Reverse Osmosis
- Screening
- Sedimentation
- Septic Tank
- Solvent Separation
- Spill Prevention
- Sump
- Other Chemical Treatment, Type _____
- Other physical Treatment, Type _____
- No Pretreatment Provided

F.2. Attach a schematic of the process operation and pretreatment facilities complete with all sewer lines and connections. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). Indicate location of sampling and flow metering equipment on this drawing, if present. This drawing must be certified by a State Registered Professional Engineer.

F.3. Is this facility subject to existing Federal Pretreatment Standards? Yes No
 If yes, what is the Federal Pretreatment Category- 40CFR Part _____

F.4. Has a Baseline Monitoring Report (BMR) been submitted to EPA? Yes No
 If yes, please attach a copy of the BMR to this completed application.

F.5. Has a toxic organics management plan (TOMP) been developed? Yes No
 If yes, please attach a copy of the TOMP to this completed application.

F.6. Do you have a treatment operator? Yes No
 If yes: Name: _____ Title: _____

F.7. Do you have an Operation and Maintenance (O&M) manual for your treatment system? Yes No

F.8. Are Federal and local Pretreatment Standards being met on a consistent basis? Yes No

F.9. Are additional pretreatment facilities and/or operation and maintenance required to meet Pretreatment Standards? _____ Yes _____ No

F.10. If additional pretreatment and/or operation and maintenance are required, list the schedule by which they will be provided. Specify major events planned along with reasonable completion dates.

<u>Milestone Activity</u>	<u>Completion Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

SECTION G- SPILL PREVENTION

G.1. Are chemical storage containers, bins or ponds present at your facility? _____ Yes _____ No

G.2. Are floor drains present in the manufacturing or chemical storage areas? _____ Yes _____ No
If yes, where do the drains discharge to? _____

G.3. If chemical storage containers, bins or ponds are present in the manufacturing area, could an accidental spill lead to a discharge to: (check all that apply)

- _____ An on-site disposal system
- _____ Public sanitary sewer system (e.g. through a floor drain)
- _____ Storm Drain
- _____ To the ground
- _____ Other (specify)
- _____ Not applicable, no possible discharge to any of the above routes

G.4. Is an Accidental Spill Prevention Plan (ASPP) in effect for this facility to prevent spills of chemicals or slug discharges from entering the Authority's collection system?

- _____ Yes-please enclose a copy of the plan with the application
- _____ No
- _____ N/A- Since there are no floor drains and/or the facility discharges only domestic wastes.

G.5. Please describe any previous spill events and remedial measures taken to prevent their recurrence.

SECTION-H OTHER WASTES

H.1. Are any liquid wastes or sludges from this facility disposed of by means other than discharge to the public sewer system?
 _____ Yes _____ No

If yes, complete the remaining items:

H.2. Please check the appropriate wastes disposed of by the facility. For Disposal Method, the following may apply:
 On-site storage, off-site storage, on-site disposal, or off-site disposal.

	<u>Gallons/Day</u>	<u>Lbs./Day</u>	<u>%Moisture</u>	<u>Disposal Method</u>
_____ Acids and alkalies	_____	_____	_____	_____
_____ Heavy metal sludges	_____	_____	_____	_____
_____ Inks/Dyes	_____	_____	_____	_____
_____ Oil and/or Grease	_____	_____	_____	_____
_____ Organic compounds	_____	_____	_____	_____
_____ Paints	_____	_____	_____	_____
_____ Pesticides	_____	_____	_____	_____
_____ Plating wastes	_____	_____	_____	_____
_____ Pretreatment sludges	_____	_____	_____	_____
_____ Solvents/Thinners	_____	_____	_____	_____
_____ Other Wastes (specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

H.3. Provide the following information for waste haulers, if applicable.

<u>Name</u>	<u>Address</u>	<u>EPA/DEPID#</u>	<u>Type Waste</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H.4. Identify any Federal, State or local environmental permits your facility has been issued.

<u>Permit No.</u>	<u>Issuing Agency</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION I- UNDERGROUND/ ABOVEGROUND STORAGE FACILITIES

I.1. Please complete the following description for each underground tank at this facility location.
Please make copies of this form for completion if you have more than five (5) tanks.

	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
	_____	_____	_____	_____	_____
Status of Tank					
Currently in use	_____	_____	_____	_____	_____
Temporarily out of use	_____	_____	_____	_____	_____
Permanently out of use	_____	_____	_____	_____	_____
Estimated age (years)	_____	_____	_____	_____	_____
Estimated total capacity (gallons)	_____	_____	_____	_____	_____
Material of construction					
Steel	_____	_____	_____	_____	_____
Concrete	_____	_____	_____	_____	_____
Fiberglass reinforced	_____	_____	_____	_____	_____
Plastic	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____
Internal protection					
Cathodic protection	_____	_____	_____	_____	_____
Interior lining					
(e.g., epoxy resins)	_____	_____	_____	_____	_____
None	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____
External protection					
Cathodic protection	_____	_____	_____	_____	_____
Painted (e.g., asphaltic)	_____	_____	_____	_____	_____
Fiberglass reinforced	_____	_____	_____	_____	_____
Plastic –coated	_____	_____	_____	_____	_____
None	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____
Piping					
Bare Steel	_____	_____	_____	_____	_____
Galvanized Steel	_____	_____	_____	_____	_____
Fiberglass reinforced	_____	_____	_____	_____	_____
Plastic	_____	_____	_____	_____	_____
Cathodically protected	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Other, please specify	_____	_____	_____	_____	_____

I.1.	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Substance currently or last Stored in greatest quantity by Volume	_____	_____	_____	_____	_____
Empty	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Petroleum, please specify	_____	_____	_____	_____	_____
Hazardous substance, Please, specify	_____	_____	_____	_____	_____
Additional information for tanks taken permanently out of service					
Estimated date last used (mo/yr)	_____	_____	_____	_____	_____
Estimated quantity of substance remaining (gallons)	_____	_____	_____	_____	_____
If tank was filled with material, Please specify material	_____	_____	_____	_____	_____

I.2. Please identify and describe all surface and aboveground storage facilities by utilizing the same form or copies of the form as found in I.1. and labeling the tanks appropriately.